

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044863

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 222

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Peru</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Peru</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hoyt</u>		c. CITY OR TOWN <u>Hoyt</u>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) <u>Memorial Hosp</u>		d. STREET ADDRESS <u>Rt 2</u>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Bryman</u> Last <u>Bryman</u>		4. DATE OF DEATH Month <u>10</u> Day <u>30</u> Year <u>63</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>abt 75</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Labrador</u>	
11a. BIRTHPLACE (City and state or country) <u>unkn</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>unkn</u>		13b. MOTHER'S MAIDEN NAME <u>unkn</u>	
14. NAME OF HUSBAND OR WIFE <u>unkn</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>unkn</u>		17. INFORMANT Address <u>unkn</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypertrophied prostate</u> DUE TO (b) <u>infectious cystitis</u> DUE TO (c) <u>degenerative cystitis</u> Hypostatic pneumonia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs - 10 weeks - 2 days</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>unkn</u> a.m. <u>unkn</u> p.m. <u>unkn</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
20g. STATE		20h. DATE OF INJURY	
21. I attended the deceased from <u>10-24-63</u> to <u>10-30-63</u> and last saw him alive on <u>10-30-63</u>		Death occurred at <u>11</u> <u>am</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Asst. Dir.</u>		22b. ADDRESS <u>200-5-4th Hwy, Mo.</u>	
22c. DATE SIGNED <u>11-5-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>10-31-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Wally Home</u>	
23d. LOCATION (City, town, or county) <u>St. Louis Mo.</u>		23e. STATE <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>German Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>11-9-63</u>	
26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u>		27. ADDRESS <u>St. Louis Mo.</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jim F. McClure

Licensed Embalmer No. 5704

P. O. Address Steele, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.